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Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. With the exception of one MTR which was conducted in late 1997, the MTRs and evaluations described in the present report were conducted during 1998.

Introduction

1. The four mid-term reviews (MTRs) covered in the present report were conducted in the Eastern and Southern Africa region (ESAR) during 1998 for the programmes of cooperation which began in 1996 in Eritrea, Madagascar, Mauritius and Swaziland. In addition, a brief summary is given of the outcome of the Uganda MTR, which was held in late 1997. The external evaluation, which formed part of the Uganda review, was reported to the Executive Board at its January 1998 session (E/ICEF/1998/P/L.1).

2. The Eastern and Southern Africa Regional Office (ESARO), together with the Regional Management Team (RMT), has prepared an assessment of experience with the design, implementation and management of MTR processes in the region since 1995. Preliminary findings

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and lessons learned include that the submission of MTR reports by the Regional Director has helped to increase the quality of MTR processes by promoting the participation of the Regional Office. Submission of the initial MTR work plan, as well as the monitoring of its implementation by the Regional Office, is a key step in the process. Transfers of key staff during the MTR process should be avoided. Methodologies used have included self-assessment exercises, technical and participatory forums, thematic working groups, external evaluations and systematic desk reviews. Generally, a mix of more than one method appeared necessary to ensure effectiveness.

Country mid-term reviews

Eritrea

3. The UNICEF country office in Eritrea opened in 1992, just before the country's official independence in 1993. The current country programme covers the period 1996-2000 (E/ICEF/1995/P/L.11). The first MTR took place in September 1998 and was managed by the multisectoral Government-UNICEF Programme Development and Monitoring Committee (PDMC), chaired by the Minister of Finance.

4. **The situation of children and women**. The gross domestic product (GDP) per capita is estimated at $140-$163. The 1995 Eritrean Demographic and Health Survey (DHS), the first of its kind, reported infant and under-five mortality rates (IMR and U5MR) at 72 and 136 per 1,000 live births, respectively, and a maternal mortality rate (MMR) of 998 per 100,000 live births. Child malnutrition was high, with stunting at 38 per cent and wasting at 16 per cent; the prevalence of clinical goitre was about 22 per cent; 41 per cent of women had nutritional status below standard; and 12 per cent of babies have a low birth weight. No earlier data are available for an assessment of trends.

5. According to the DHS, the gross primary enrolment rate increased from about 36 per cent in 1991 to 52 per cent in the 1996 school year, but the net enrolment rate was 30 per cent. The enrolment of girls increased from 34 to 46 per cent during the same period. Access to safe water was 16 per cent and to sanitation 13 per cent.

6. According to government surveys, in 1993, there were an estimated 90,000 war orphans in the country, 7,000 children with disabilities, and about 3,300 street children or working children. According to the Eritrean National AIDS Control Programme, up to 60,000 Eritreans are likely to be infected with HIV/AIDS. The Government of Eritrea signed the Declaration and Plan of Action of the World Summit for Children in 1993, ratified the Convention on the Rights of the Child in 1994 and signed the Convention on the Elimination of all Forms of Discrimination against Women in 1995.

7. **Achievements and constraints**. Between 1996-1998: coverage of the expanded programme on immunization (EPI) increased from 42 to 61 per cent; 80 health stations, 35 health centres and all 8 referral hospitals were equipped with maternal and child health kits; antenatal attendance increased from 30 to 60 per cent; deliveries at health facilities increased from 6 to 20 per cent; almost all health facilities achieved "baby-friendly" status; and 80 per cent of all salt produced in the country was iodized.

8. Access remains the overriding challenge for the education sector. With UNICEF assistance, 17 primary schools were built, benefiting an estimated 5,000 children in low enrolment areas. Some 300,000 textbooks were printed locally, and development of a curriculum and core syllabus is nearing completion.

9. The rural sanitation and water supply programme has provided safe water to Keren, the second largest town in Eritrea. Since the start of the country programme in 1996, the child protection project has successfully reunited 8,389 orphans with their extended families. Essential drugs have been provided for 200,000 people and supplementary food items for 50,000 children and pregnant/lactating women. The one major constraint was the low implementation rates owing to very lean government staffing, continuing civil service reform and unfilled posts in UNICEF.

10. **Assessment of programme strategies: lessons learned**. Two thirds of the resources for the country programme are being channelled into service delivery, with the remainder being used for capacity-building and empowerment. This mix of strategies has facilitated Government collaboration. There should be an increased focus on acceleration of programme implementation (which dropped to 43 per cent during the civil service reorganization) and consolidation of activities in areas of greatest success and comparative advantage.

11. A more bottom-up and cross-cutting programme communication and advocacy strategy, encompassing HIV prevention among youths, was recommended, as was the development of a communication strategy on child rights rooted in Eritrean traditions. Existing emergency response components, such as essential drugs and water, should be built into regular programmes, and new components such as blankets and shelter materials, should be added as a new project. Measures should also be operationalized to address the alarmingly high MMR.

12. The high-level Government-UNICEF PDMC structure is an extremely useful instrument for addressing problems and issues arising from the programme of cooperation. It is working well and should be retained in its present form.

13. **Country programme management plan (CPMP)**. The structure of the country programme will remain basically the same. The extensive reorganization of the Eritrean civil service has made the Government even leaner, and there are limited alternative collaboration opportunities with civil organizations and non-governmental organizations (NGOs). Almost $13.5 million in supplementary contributions were raised between 1996 and 1998. Given this background, and the continued healthy donor response, the Eritrea office CPMP update proposes to strengthen current staffing levels to address the above lessons learned.

Madagascar

14. The United Nations Development Assistance Framework (UNDAF) for Madagascar was completed in early 1998, allowing the UNICEF MTR to take its major provisions into account. The process began in late 1997, included a workshop on the implications of Malagasy culture for development and concluded with a meeting in June 1998 chaired by the Director-General of Economy and Planning.

15. **The situation of children and women**. Political uncertainty and weak economic growth persisted until 1997. Preliminary results of the 1997 DHS suggested that IMR rose slightly to 96 per 1,000 live births, while U5MR remained static at around 160. The proportion of young children who are under weight increased from 36 to 40 per cent during 1992-1997, and those suffering from acute malnutrition is over 7 per cent. Only 47 per cent of births were attended by trained personnel in 1997 compared to 57 per cent in 1992. Some 17 per cent of babies have a low birth weight. Access to clean water remained at around one third.

16. Similarly, basic education has stagnated. The net enrolment rate was 65 per cent in 1996 compared to 80 per cent two decades earlier. Less than one tenth of children attending school obtain a fifth grade certificate. The second phase of a national programme for improving education was launched in 1997, building on pilot activities supported by the World Bank and UNICEF. There was a significant increase in primary school enrolment during 1997. Meanwhile, increased attention has been given to threats to child protection rights, including sexual exploitation and imprisonment.

17. **Achievements and constraints**. A National Health Plan for 1998-2000 was prepared in collaboration with the World Health Organization (WHO), the European Union, the German Agency for Technical Cooperation and all other health sector partners. It supports a district planning approach, the introduction of the integrated management of child illnesses, user participation and cost recovery for basic drugs. Through the Bamako Initiative, UNICEF assistance has covered 132 health centres serving 1.3 million people. Routine monitoring has confirmed a marked increase in the quality and utilization of services in these centres. UNICEF has continued to support the national immunization programme as well as the Baby-Friendly Hospital Initiative, which now covers most relevant health facilities. Community-based growth monitoring was supported in 188 locations covering about 113,000 people. There was a decline of 10-15 per cent in malnutrition rates in these areas. Some 75 per cent of salt is now being iodized, and the goitre rate has fallen from 48 per cent in 1992 to 15 per cent in 1998. By 1998, 80 water points were constructed. The communication programme supported those activities, establishing 180 village mobilization committees.

18. In basic education, an innovative approach based on "programme contracts" between teachers, parents and education authorities was launched in 280 schools in low enrolment districts, resulting in increases of around one third in student numbers. A 1998 evaluation confirmed the popularity of this approach, while identifying weaknesses in the quality of community contributions and the enforcement of contract obligations. With the World Bank, UNICEF also supported the revision and testing of

the primary school curriculum and the production of new textbooks incorporating child rights and civic education. Working with NGOs, UNICEF helped children in need of special protection, including in prisons. UNICEF also provided support to emergency preparedness and cyclone responses.

19. A major constraint was the shortfall in available funding. Only 45 per cent of the planned 1996-1997 levels of programme funds were available. Some of the original coverage objectives of the master plan of operations (MPO) were found to be unrealistic and will be revised for 1999-2000.

20. **Assessment of programme strategies: lessons learned**. Significant progress was registered in the introduction of community-level participatory approaches to service management. Additional potential for intersectoral convergence and a need to strengthen the supervision and social mobilization elements of the immunization programme were identified. Fund allocations to the sexually transmitted diseases/AIDS project should be increased, and closer links should be established with NGOs specialized in youth health activities. There is a need for closer integration of local health and nutrition information systems to broaden the project on iodine deficiency to address deficiencies in iron and vitamin A and to monitor the impact of communication efforts on household practices. A second multiple indicator cluster survey should be carried out in the year 2000 as part of this monitoring effort.

21. The MTR suggested that it would be cost-effective to broaden the children in especially difficult circumstances programme to enhance children's rights to protection. Emphasis on short-term interventions should be redirected to the development of national policy and legislative and administrative frameworks for child protection, including the formulation of a national policy for young child development.

22. **CPMP**. Modifications agreed during the MTR affect mainly focus, design of strategies and coverage targets. The MPO has been revised for 1999-2000 to reflect these changes and to lay the basis for future programme directions in the context of UNDAF. UNICEF staff numbers were reduced overall, except in the area of child protection. A 2001-2003 programme will complete the harmonization of cycles with United Nations partners.

Mauritius

23. The MTR was based on a major updating of the situation analysis of children and women. The Ministry of Economic Development and Regional Cooperation led programme analysis. The United Nations country team also participated in the final review meeting in June 1998.

24. **The situation of children and women**. Over 1995-1997, per capita income rose to about $3,530, but key social indicators remained stable. IMR remained about 22 per 1,000 live births, and the rate of low-birthweight babies rose from 9 per cent in 1991 to 14 per cent in 1996. In contrast, MMR has fallen rapidly. The small, poorer island of Rodrigues, with an IMR of 20 per 1,000 live births in 1996, obtained rapid progress using community-based approaches.

25. Primary education is virtually universal, but weaknesses exist in the curricula, and some schools have a persistently low performance. The Government has established an advisory body and policy on early child care. Following recommendations of the United Nations Committee on the Rights of the Child, legislation was prepared on child protection to address problems of child abuse, prostitution, domestic violence and adolescent health.

26. **Achievements and constraints**. Support was initiated for an action plan on perinatal mortality. Communication activities focused on improved child feeding practices and health awareness among youth. UNICEF collaborated with WHO on a study of child prostitution. Literacy and skills training for adolescents were supported in Rodrigues, with positive results. An innovative Education for Development programme incorporating child rights was piloted in 75 schools and will be extended to all schools.

27. Little progress was registered in improving the national information base for children. A 22 per cent shortfall in programme budgetary allocations during 1996-1997 was offset through cost savings and the mobilization of expertise from United Nations specialized agencies.

28. **Assessment of programme strategies: lessons learned**. As foreseen, UNICEF cooperation in Mauritius has evolved in a catalytic form, with an emphasis on

support to innovation, operational research, policy-related analysis and child rights advocacy. In view of the success with this catalytic role, activities during 1999-2000 will include a nutritional surveillance system pilot project; sociological research on the causes of low birth weight and perinatal deaths; and extension of the adolescent life skills, early childhood and Education for Development initiatives. Positive lessons from the experience of community empowerment in Rodrigues were noted, and an extension to the island of Mauritius proposed. The MTR noted a need for a more participatory and diversified approach to communication for health and youth education. The original structure of the country programme, based on sectors, was modified to reflect a more child rights-oriented approach, and include components on child rights promotion, young child development and adolescent protection and participation.

29. **CPMP**. The present country programme envisaged the initiation of a transition phase leading to a gradual diminution of programme inputs after the year 2000 (see E/ICEF/1995/P/L.23). Early in 1999, the country office will assess the potential for the local mobilization of resources for children. The country office will be further streamlined. A final, short-duration country programme, with a reduced level of general resources, will be recommended to the Executive Board to cover the period 2001-2003.

Swaziland

30. The MTR drew upon qualitative input to concurrent national debates on issues of women's and children's rights, the reporting processes on the Convention on the Rights of the Child and the Constitutional Review. It was initiated by the 1997 annual review and culminated with a formal MTR meeting attended by three ministers in April 1998. Prior to this, there were extensive consultations, coordinated and chaired by the Ministry of Economic Planning and Development, in which senior and key officers, and other government ministries, NGOs, United Nations agencies, donors and youth representatives participated.

31. **The situation of children and women**. In the face of the continuing challenges posed by political uncertainties and a weak economy, several issues of national concern regarding child protection have emerged during the period 1996-1997. The most urgent of these are HIV/AIDS, child abuse and gender.

32. Almost one half of the population remains below the poverty line, and the MMR was re-estimated at 229 per 100,000 live births from the previous rate of 110. Contributory factors include AIDS, malaria and an increasing proportion of pregnancies among high-risk groups, particularly those under 20 years old. IMR fell from 150 per 1,000 live births in 1983 to 98 in 1997. The prevalence of stunting among young children is estimated at 27 per cent. Swaziland has sustained a gross primary enrolment rate of 100 per cent for 12 years. The net enrolment rate remains at 77 per cent for girls and boys.

33. **Achievements and constraints**. The goal of the country programme to sustain and expand basic services coverage has generally been achieved. Major progress has been made in breastfeeding and nutrition, with legislation on salt iodization enacted and a study initiated to identify the best food for micronutrient fortification.

34. EPI coverage declined by 10 per cent in the last two years, and there are threats to other achievements, including HIV/AIDS. Some 26 per cent of pregnant women are HIV positive and children born HIV positive are among the fastest growing group of infected people. Despite an emphasis on capacity-building to improve the quality of social services, various health facility evaluations suggest that the quality of health care is still inadequate. The MTR indicated that a long-term commitment by the Government to finance training and equipment was needed. It also found that data collection and an analysis of information, education and communication (IEC) strategies needed improvement.

35. Government ownership has been strengthened within the African Girls Education Initiative by building upon existing structures. The gender gap in primary education enrolment has been eliminated. Girls progress more efficiently than boys. In 1997, only 13 per cent of girls repeated compared to 18 per cent of boys. The MTR concluded that the education programme was sound.

36. **Assessment of programme strategies: lessons learned**. The original strategies were found to still be relevant and notable achievements in maintaining coverage of basic services, particularly in education, have been made. Implementation of the three cross-cutting strategies of service coverage, capacity-building and empowerment were found to be inconsistent. Delays in the development of the safe motherhood policy and in implementation of HIV/AIDS education in primary schools were

noted. The MTR concluded that an enhanced focus on HIV, gender and child abuse was needed. The integration of training should be ensured by exploring alternatives to workshop-based group training.

37. Country programme research findings, such as the 1997 assessment of child protection issues, are helping to strengthen policy in the social sector, but closer linkages of advocacy and IEC strategies to research findings were deemed necessary for them to be effective.

38. The use of continuous assessment techniques in education, with a focus on discovery learning and problem solving, was found to have improved the retention of girls and allowed greater involvement of students and parents. There was increased advocacy on the two Conventions and on more intersectoral planning. The MTR concurred that a more explicit focus on children's rights was required in the remaining phase of the country programme.

39. **CPMP**. The recommendations of the MTR to reflect the changing emphasis from a sectoral approach to more integrated rights-based programming will affect the country programme. There will be a shift from cash and supply inputs towards strategies and programme interventions that promote changes in attitudes and behaviour, child protection policies and sustained quality improvements in basic services. The MPO has been revised to stress child protection and cross-cutting issues, using the Convention on the Rights of the Child as a guiding framework. There has been a shortfall of supplementary funding, affecting primarily the environmental sanitation and water programme.

Uganda

40. Preliminary findings of the evaluation component of the 1995-2000 country programme MTR have been reported (see E/ICEF/1998/P/L.1). The process began with the 1996 annual review. The MTR meeting was held in November 1997 with about 200 national and district government officials, NGOs, national institutions, donors and United Nations partners.

41. **The situation of children and women**. During 1995-1997, Uganda continued to experience positive political developments and impressive economic growth. Governance has improved with decentralization. However, 66 per cent of the population remain below the poverty line. Key social indicators have improved since 1989: IMR is estimated at 97 per 1,000 live births, down from 122 in 1991; MMR remains high at about 506 per 100,000 live births; and over one third of children under 35 months are stunted.

42. The gross primary enrolment rate rose from 60 per cent in 1990 to 75 per cent in 1995, while the net enrolment rate increased from 54 to 58 per cent. The proportion of students passing primary leaving exams increased, suggesting improvements in the quality of education, but primary drop-out rates are high at 66 per cent over the six years. Coverage for water and sanitation has not improved and remains at 37 and 47 per cent, respectively.

43. **Achievements and constraints**. UNICEF has increased its participation in policy discussions, including in the development of the Poverty Eradication Action Plan and the 1996 Public Expenditure Assessment. Clear guidelines and standardized agreements have facilitated collaboration with NGOs and community-based organizations. Some 36 district plans of actions for children and over 100 sub-county plans have been completed. Through district and sub-county planning for children, increased resource allocations have been achieved at these levels. The country programme has promoted a community-based management information system. The new systems-oriented approaches, emphasizing capacity-building and empowerment, are expected to maintain progress towards meeting programme goals.

44. Despite strong government support for the new approaches of the country programme, the MTR noted that partners continue to favour sectoral programmes. Divergent interpretations of key concepts (capacity-building and empowerment) impeded progress in implementation by hindering the development of indicators and intersectoral coordination. Programmes continued to implement separate but similar training and sensitization activities. Decentralized planning, monitoring and financial accountability remained major challenges. A greater emphasis on children's rights was still needed.

45. **Assessment of programme strategies: lessons learned**. The MTR noted significant progress in the conceptual and programmatic aspects of the country programme. There was still a need to further develop operational definitions of key concepts to avoid divergent interpretations. A clear balance must be achieved be-

tween process and outcome, through regular measurement of progress against indicators, to ensure that processes supported by the country programme are leading to positive outcomes. Each programme component should adopt one or two cross-programme objectives, develop strategies to achieve them and report regularly on progress. The need to revitalize and monitor immunization efforts was particularly recognized at the final MTR meeting.

46. **CPMP**. The shift from a sectoral project orientation to a cross-sectoral programme approach required the introduction of innovative management systems. The MTR noted that coordination across all programmes had not been fully achieved. The revised CPMP adopted in 1998 more clearly distinguishes responsibilities for overall programme coordination from coordination of support activities at the district level. The MTR noted that the overall funding targets of the current country programme had so far proven realistic.

Country programme and regional evaluation work

47. Implementation of the RMT-approved Regional Evaluation Strategy has continued. The three focuses have been the use of integrated monitoring and evaluation plans (IMEPs), electronic networking and capacity-building.

48. All countries are now using IMEPs, some for over five years. An informal review of experiences showed that these plans are mostly elaborated in detail for the first two years, and required substantial revision and updating at the MTR. Evaluations leading up to the MTR tend to be formative process evaluations and to include the collection of baseline data, while those implemented after the MTR and leading up to the end of the country programme tend to be more summative impact evaluations. It would be useful to pilot, in one or two countries, a modified IMEP process that has a stronger focus on the MTR and end-of-programme review and to report back on that experience.

49. The "International and Cross Cultural Evaluation Group", an electronic network, has grown from 29 to over 300 members and is now self-sustaining. Regional office support is being phased out. A mentoring system, involving twinning of evaluators in UNICEF offices with senior evaluators in developed countries, had only limited success.

50. Capacity-building has been highly successful. A local network of evaluators was created as a pilot project in Kenya. This group has been exchanging experiences and performing training and peer reviews of evaluation results. Over a year old, it has become a National Association of Evaluators and is self-sustaining. First meetings for similar groups were held in Eritrea and Lesotho with ESARO support. UNICEF ESARO was asked by the Panel of Presidents of National Evaluation Associations to formally represent the needs of nascent evaluation associations in developing countries at the International Meeting of National Evaluation Association Presidents.

51. Country offices were encouraged to support the peer review and publication of evaluations in professional journals to improve the dissemination of evaluation findings and enhance the quality and credibility of UNICEF work in evaluation. A special half issue of the *Journal of Evaluation and Programme Planning* was devoted to "Interesting UNICEF Evaluations". Two of these published evaluations were included in the regional summary submitted to the Executive Board in 1998; four others are summarized below.

Evaluation of the process of developing advocacy materials in Uganda

52. Effective advocacy materials for behavioural change are essential in many programmes, especially those targeting HIV/AIDS. This external evaluation, commissioned by the country office, considered six in-depth case studies and materials prepared for information, education and training. Process variations included materials prepared outside as well as inside the country. No single type of preparation process was best overall. The best process depended on the starting point and on the intended end purpose of the materials. Individuals may work faster, but ownership may be less widespread. If materials are controversial, wider ownership may be important to avoid problems that may arise when national assistance with distribution is requested. If content is simple and time-bound, as with calendars and press releases, small groups perform better. If a steering committee is used, it is useful to have the key concepts clear in advance to ensure a productive use of time. The inclusion of key decision makers is helpful when materials may be controversial, even if processes are then

slower and more expensive. If consultants are used for extended periods, it is better if they are based in the country as feedback and adaptation processes are then greatly improved. While national ownership is important, national implementation was not the only way in which national ownership could be achieved. Consultative processes can be implemented even for externally developed materials.

Evaluation of the psychosocial trauma recovery programme in Rwanda

53. The trauma recovery programme carried out a baseline survey of 3,030 children aged 8-19 years in 1995. Some 96 per cent of children had witnessed violence, 80 per cent had experienced death in the family and 70 per cent had witnessed someone being killed or injured. Subsequent programme interventions included capacity-building, clinical support, policy development, social mobilization and advocacy. The school-based component of the programme was evaluated by comparing the grades obtained by children before and after the training of the teacher. After training of the teachers in trauma recovery techniques, the failure rate of students fell from 16/73 to 11/173. The proportion of students with grades above 80 per cent increased from 10/73 to 60/173.

Evaluation of the orphan reunification project in Eritrea

54. The conflict which resulted in Eritrea's independence left about 90,000 children orphaned. Since 1994, UNICEF has assisted the 4,774 host families who accepted a total of 10,583 orphans with durable income-generating assets. The provision of livestock to farming households increased income and has led to a further accumulation of assets. Psychosocial integration with host families has been good, with only a slight gender bias in favour of orphaned boys. The capacity of local government to implement this project increased through support and training. The project was evaluated to be three times as cost-effective as the primary strategic alternative of orphanages, thus justifying the current strategy.

Evaluation of the effectiveness of traditional birth attendants in Somalia

55. The study examined the actual influence of traditional birth attendants (TBAs) in improving a woman's chances of surviving life-threatening complications of pregnancy and delivery. The methodology of this evaluation was dictated by prevailing security conditions in Somalia: while systematic, it was largely qualitative and often opportunistic. Interviewees included 41 TBAs, 32 mothers who had delivered in the last year, 22 health professionals and 46 project leaders. Data collection was by semi-structured questionnaire. In the 26 locations visited, a total of 18 focus group discussions were used. This study showed that despite a high quality of TBA training, families prefer traditional practices when complications arise and are unlikely to value the opinion of the TBA when deciding whether to refer a woman for emergency obstetric care. The report concludes that TBA programmes which exist in isolation of other interventions are unlikely to have any significant effect on maternal mortality, although clean deliveries and antenatal care practised by trained TBAs may reduce maternal morbidity and perinatal mortality and morbidity.

Evaluation of evaluation training and implementation in the Eastern and Southern Africa region

56. The ESAR evaluation training workshop provided, for the first time in UNICEF at this level, professional hands-on technical training to country office staff in the application of evaluation study design and methodology. The evaluation skills learned were used to rigorously evaluate the training itself. Several studies were designed, and the validity of the alternative designs debated. Two focus group discussions, several key informant interviews and computer-based quantitative data analysis were conducted as part of this assessment of capacity-building in evaluation. The applicability of the "Programme Evaluation Standards", an internationally-used check-list for assessing the quality of evaluation work, was assessed for an African cultural context. Two clear lessons learned emerged: that the region's monitoring and evaluation staff appreciate the high-level technical training in a classroom teaching mode; and that the "Programme Evaluation Standards" provide a useful means of assessing the quality of evaluative work. The evaluations suggested that UNICEF should adopt this international benchmark as an institutional standard to help improve the quality of its evaluative work.